

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/518725

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		1/1					54						
5		1/1					55						
6		1/1					56						
7		1/1					57						
8		1/1					58						
9		1/1					59						
10		1/1					60						
11		1/1					61						
12		1/1					62						
13		1/1					63						
14		1/1					64						
15		1/1					65						
16		1/1					66						
17		1/1					67						
18		1/1					68						
19		1/1					69						
20		1/1					70						
21		1/1					71						
22		1/1					72						
23		1/1					73						
24		1/1					74						
25		1/1					75						
26		1/1					76						
27	1						77						
28		1/1					78						
29		1					79						
30		1					80						
31		1					81						
32							82						
33							83						
34							84						
35							85						
36							86						